

DDA INVESTIGATIONS FOLLOW-UP (IFU) ACTION PLAN

***Purpose of this document:** To provide instructions and examples of adequate and inadequate responses as it relates to the provider's Action Plan. Please note that the provider's responses will differ as they pertain to each Final Investigation Report Conclusion and Informational Findings. Some examples listed below may or may not pertain to the Action Plan the provider is working on but are intended as a helpful guide and training resource for the provider regarding the DDA Investigations Follow-Up (IFU) Action Plan process.*

Date submitted to the DDA Investigations Follow-Up Unit and MCO: **10/21/2025**

***Instructions:** In this section, the provider shall select the date that they have emailed their Action Plan and supporting documentation to the DDA Action Plan email for the correct Region. The following are the designated email addresses for each Region:*

East: DDA.ActionPlans.East@tn.gov

Middle: DDA.ActionPlans.Middle@tn.gov

West: DDA.ActionPlans.West@tn.gov

Name of Provider Agency: **Example Provider Agency dba Apha Beta Gamma (ABG)**

***Instructions:** Do not use abbreviations for the Provider. Please list the full name of the Provider.*

Investigation Case #: **W2403000-PI**

***Instructions:** The provider shall enter the case number as it appears in the Final Investigation Report.*

Benefit Program: **Choices Group 2**

MCO: **BlueCare**

Benefit Program: **Statewide**

MCO: **United Healthcare**

Benefit Program: **Private ICF**

MCO: **Wellpoint**

***Instructions:** The provider shall select the appropriate Waiver and MCO for each Person Supported identified in the Final Investigation Report. When multiple victims (Persons Supported) and or MCOs are identified, line items can be added by selecting the (+) sign to the right of the MCO dropdown listing.*

Note: In cases where multiple MCOs are identified, the Action Plan shall be sent to DDA ONLY to ensure the protection of private health information of the Persons Supported.

Name and Title of Person Submitting the Action Plan: Leah Vader, Event Management Coordinator and Quality Management Administrator

Instructions: The provider shall enter full name and Title of the person completing the Action Plan. Please do not use acronyms.

For all **substantiated** investigations, it is required that Provider Management and the Provider Reportable Event Review Team (PRERT) develop a response and Action Plan.

1. The Action Plan shall address the following:
 - a. Procedures implemented to mitigate future risks to the person(s) supported and steps taken to prevent similar occurrences in the future.

Instructions: In this section, the provider will describe in full detail the procedures that have been implemented to minimize risks to the persons supported, to include how these changes have been communicated to staff. Supporting documentation of the changes and that these changes have been communicated to and acknowledged by staff shall be attached to the Action Plan email.

Provider's Response:

Example of Inadequate Response: In-service training will take place. Other staff terminated.

Example of Adequate Response:

As a result of the investigation, Example Provider Agency implemented ongoing training regarding the Example Provider Agency's Reportable Event Management (REM) Protocol with new and tenured staff, to include tracking the training in writing, and an annual refresher course. These documents will be maintained in the staff personnel records by the Human Resources Manager. The Human Resources Manager is also responsible for tracking and scheduling all required trainings for both new hires and tenured staff. The training is attached to the Action Plan email to include the policy, curriculum, and acknowledgement sheet. Additionally, an acknowledgement form signed by the Human Resources Manager is attached to confirm the added job duties.

- b. Verification that the substantiated/unsubstantiated staff person(s) received written notification of the outcome of the investigation within five (5) business days of receipt of the *Final Investigation Report*. **Please attach supporting documentation.**

Instructions: In this section, the provider will note that all unsubstantiated and substantiated perpetrators identified in the initial allegation have been notified in writing regarding the outcome of investigations. Supporting documentation of these notifications shall be attached to the Action Plan email.

Provider's Response:

Example of Inadequate Response: EMC called the perpetrators and let them know of the outcome of the investigation.

Example of Adequate Response: Staff Jones, Jergans, Johnson, Wilson, and Rodrigues were notified of the outcome of the investigation in writing within the required 5 days. The notification letters are attached to the Action Plan email.

- c. Actions taken to address the *Conclusion(s)* of the Investigation, as identified in the *Final Investigation Report*. (i.e., termination, disciplinary action, training, reassignment, etc.). ***Please attach supporting documentation.***

Instructions: In this section, the provider will describe in full detail the actions taken by the provider regarding staff involved in the investigation, including Provider Management as a whole, based on the provider's policies. Supporting documentation of the changes and that these changes have been communicated to and acknowledged by staff shall be attached to the Action Plan email.

Provider's Response:

Example of Inadequate Response: The Substantiated Staff was terminated. All other staff will be in-serviced, a date has not been established.

Example of Adequate Response: Staff Jones was terminated from the provider as a result of the investigation substantiation on 06/28/24. Separation Notice for Staff Jones is attached to the Action Plan Email. All remaining Staff (Carla Jergans, Peter Johnson, Charles Wilson, and Sylvia Rodrigues) were in-serviced on the Reporting Guidelines, and Training Specifics to the Needs of the Individuals (TSNI) for Jake, Robert, and Pam on 06/28/24. The signed Policy Acknowledgement Forms and TSNI for each staff is attached to the Action Plan email.

Example of Adequate Response: As Provider Management was substantiated as a whole, and no specific perpetrator was identified, the entire Management Team was required to complete training led by the Owner and Human Resources Director regarding the REM process, and each Program Manager was issued refresher training regarding their job duties for their respective caseloads. All training forms signed by the trainers and trainees are attached to the Action Plan email.

- d. Review of Provider policies related to the event or *Informational Findings*.

Instructions: In this section, the provider shall describe in full detail the policies that were reviewed relevant to the Investigation Conclusion(s) and Informational Finding(s), how the review was conducted, and results of the review. Supporting documentation

of any changes shall be attached to the Action Plan email if applicable. **Please do not list each Informational Finding in this section.**

Provider's Response:

Example of Inadequate Response: Policies were reviewed.

Example of Adequate Response: A review of policies (Reportable Event Management, Reporting Guidelines and Training Policies) relevant to this case have been reviewed by the PRERT committee on 06/28/24. The Reportable Event Management and Reporting Guidelines Policies are in line with the REM Protocol. As such, the aforementioned policies have not been changed or updated. However, the means of dissemination of the policy and tracking of training has been changed and implemented. Therefore, the provider's Training Policy was adjusted accordingly and is attached to the Action Plan email. Additionally, Acknowledgement Forms have been added to all policies for staff to sign. The modified Policies and Acknowledgement Forms are attached to the Action Plan email.

- e. Actions taken to remediate each of the *Informational Findings* as identified in the *Final Investigation Report* (e.g., disciplinary action, training, reassignment, policy changes, corrections to plans of care, etc.). ***Please be sure to list each Informational Finding separately and the manner in which it was addressed. Please attach supporting documentation.***

***Instructions:* In this section, the provider shall list each Informational Finding separately as it appears on the Final Investigation Report, with a separate response for each Informational Finding. Below are examples of Inadequate and Adequate Responses for each example.**

Provider's Response:

Example of Inadequate Response: Polices were reviewed. Staff was issued a disciplinary. Some staff will receive training.

Example of Adequate Response:

Informational Finding 1: Late Reporting was in issue in this case as staff Rodrigues was aware of the event and failed to report within the required timeframe.

Provider Response: Staff Rodrigues was retrained on 06/28/24 in Reporting Guidelines and Reportable Event Management. The signed training is attached to the Action Plan email.

Informational Finding 2: Staff Johnson was involved in two Motor Vehicle Accidents involving the persons supported within a three-month period.

Provider Response: Staff Johnson was retrained on Safe Driving Practices on 12/28/24. Staff Johnson's signed training is attached.

Informational Finding 3: Staff Johnson's SIRI check, Abuse Registry Check, Tennessee Felony Offender Information (FOIL) were not signed by the reviewer.

Provider Response: Our Human Resources documents are normally signed by the

Office Coordinator. We are currently working to fill that position. However, the person that ran the checks has been retrained in signing the background checks until the position has been filled. Training is attached.

Informational Finding 4: Staff Johnson's training records provided do not reflect that Staff Johnson received training on Reportable Event Management since 09/01/2021 or training regarding any revisions to the REM Protocol. However, Staff Johnson has completed training on Abuse and Neglect of Individuals with IDD on 03/11/2016, TNDIDD Protection from Harm Training: Basic on 03/15/2016, Reportable Event Training Updates made on 07/27/2023, ECF-Abuse and Neglect Prevention: Identification, Reporting, Critical Incident Management/Reporting on 03/29/2021, CHOICES Traditional-Abuse/Neglect Identification, Reporting and Critical Incidents on 11/28/2021.

Provider Response: The Trainer was in-serviced on 06/28/24 regarding ensuring that the Reportable Event Management Training or any revisions will be included in the curriculum for all staff at the provider. A copy of the signed In-Service sheet is attached.

Informational Finding 5: Event Management Coordinator Leah Vader advised via electronic communication on 04/11/2024 that the vehicle log was removed from the scene of the vehicle accident by an unknown person and has not been located. A copy of the electronic communication is located in the electronic case file.

Provider Response: The Vehicle Logbook was located in the vehicle at the time of the accident, the vehicle and its contents were removed and could not be recovered as the vehicle was a total loss. A new Vehicle Logbook was created for the new vehicle and is attached to the Action Plan Email.

Informational Finding 6: Shift Notes for 03/26/2024 were not obtained. EMC Vader advised via electronic communication on 04/11/2024 at 4:30 PM that due to the persons supported and staff persons being transported to hospitals on 03/26/2024, no shift notes were completed for 03/26/2024.

Provider Response: As both staff present were hospitalized and have a long recovery ahead of them, obtaining shift notes at this time is not possible as the staff are both on a Medical Leave of Absence. Both staff shall complete Shift Notes for 03/26/24 upon their return from Leave. The shift notes shall be provided to DDA Investigations Follow-Up upon their return.

Informational Finding 7: Behavior Support Plan (BSP), Person-Centered Support Plan (PCSP) and Staffing Plan are in direct conflict with one another in that the supervision requirements are all different in each plan. BSP states one staff must be within arm's reach, PCSP states that 2 staff are needed at all times, maintaining line-of-sight supervision, and Staffing Plan states that only 1 staff is needed.

Provider Response: A Circle of Support (COS) Meeting occurred on 04/12/24 in which all plans were evaluated and have been amended to ensure the appropriate staffing and supervision. Amended BSP, ISP, Staffing Plan and COS Meeting Minutes are attached.

- f. Results of a *Systemic Review* (i.e. actions taken and/or policies reviewed) as it pertains to the event and/or investigation. A *Systemic Review* is a review of the provider's systems that affect the provider as a whole, and not only the person(s) supported identified in the investigation.

Instructions: *In this section, the provider shall conduct a review of their systems as it relates to the investigation and report their discoveries. A systemic review is a review of the provider's systems that affect the provider as a whole, and not only the persons supported identified in the investigation. The provider shall verify that all systems are following the DDA REM Protocol and internal provider policies/protocols, and if upon identifying any concerns or non-compliance, implement improvements to remedy these areas. The provider shall describe in full detail the procedures/changes that have been implemented as a result of their review, to include how these changes have been communicated to staff. Supporting documentation of the changes and that these changes have been communicated to and acknowledged by staff shall be attached to the Action Plan email.*

Provider's Response:

Inadequate Response: Polices were reviewed. No issues with system.

Adequate Provider Response: The provider's Medication Oversight Policy and Medication Administration Policy were reviewed and noted that there is no requirement for medication counts for controlled substances. A review of MARs and Controlled Substance Count sheets was conducted at the homes, and there was no consistency regarding Controlled Substance Counts. The provider's policy was updated to add controlled substance counts at the beginning and end of each shift by at least two staff, one of which must be Medication Certified, with both staff signing off on the counts. The new policy is attached. The provider has trained all staff regarding this policy. The signed training is attached.

Adequate Provider Response: Example Provider Agency's Medication Oversight Policy and Medication Administration Policy were reviewed, and compared with DDA's Medication Administration Guidelines, and they are consistent. All homes were audited for Controlled Substance Count Sheets, and the only home not in compliance was the home that was investigated, not having the required Controlled Substance Count sheets. As such, there are no systemic issues, and this was an isolated incident. Staff in the home were re-trained and the signed training sheets are attached.

- g. If the event was not reported to DDA in accordance with the REM Protocol as identified in the Final Investigation Report, what has been done to address *Late Reporting*? ***Please attach supporting documentation.***

Provider's Response:

Instructions: *The provider shall describe in full detail the actions taken to address late reporting, including attaching the supporting documentation to the Action Plan email.*

Examples of Inadequate Responses:

Example 1: Some Staff were issued a disciplinary and some staff were retrained.

Example 2: N/A

Examples of Adequate Responses:

Example 1: Staff Carla Jergans, Peter Johnson, Charles Wilson, and Sylvia Rodrigues completed in-service training on the Reporting Guidelines, on 06/28/24. The signed Policy Acknowledgement Forms for each staff is attached to the Action Plan email. Additionally, staff Jergans, Johnson, Wilson and Rodrigues were issued Disciplinary Action as well, which are attached to the Action Plan Email.

Example 2: Late Reporting was not an issue in this case.

Example 3: While Late Reporting was an issue in this case, the reporter is not employed by the provider.

2. The Provider's response to substantiated investigations shall consist of:
 - a. The Action Plan;
 - b. Copies of specific separation notices, disciplinary actions, trainings, etc. that were completed as a result of the event and/or investigation;
 - c. Written verification that within five (5) business days of receipt of the report the staff person(s) investigated was notified of the outcome of the investigation; and
 - d. A response to any Informational Findings noted by the Investigator, to include supporting documentation.

3. It is required for the provider's Event Management Coordinator (EMC) to submit the completed Action Plan within ten (10) business days from the receipt of the Final Investigation Report. The Action Plan is to be emailed via secured email to the DDA Investigations Follow-Up Unit at the following email address: **Choose an item.** and the MCO for the person(s) supported at the following address: **Choose an item.**

Select the appropriate email for the Region in which the Investigation occurred.

Select the appropriate MCO. For multiple MCOs, leave blank. DO NOT SEND THE ACTION PLAN TO MULTIPLE MCOs

Note: When there are multiple MCOs identified, the Action Plan shall be submitted to DDA ONLY due to HIPAA.

- B. For **unsubstantiated** investigations, it is recommended that Provider Management and the Provider Reportable Event Review Team (PRERT) develop a response and maintain a record of the response and supporting documentation (**do not submit B.1 or B.3 to DDA unless requested**) to include at a minimum:
1. Written verification that within five (5) business days of receipt of the report the staff person(s) investigated was notified of the outcome of the investigation;
 2. If the event was not reported to DDA in a timely manner (as noted in the Final Investigation Report, section IV.B.) what has been done to address late reporting? Please include supporting documentation records; and
 3. Verification that all Informational Findings noted by the Investigator were addressed, including supporting documentation.